

Healthy Snack Order Form

Please submit order at least 10 days prior to the party. Substitutions can be made due to dietary restrictions.

Date of Celebration:	Select one:
Student Name:	□ Sidekick Slushie Fruit Juice Cup
Teacher: Grade:	□ Chocolate Chip Cookie & Milk
Parent name:	□ Sugar Cookie & Milk
Parent phone:	□ Whole Grain Rice Krispie Treat & Apple Juice Cup
Number of snacks: Price each: X .75	□ Fresh Assorted Veggies with Ranch Dip and Bottled Water
Total cost:	☐ Fresh Assorted Fruit with Fruit Dip and Bottled Water
☐ Check enclosed (PVCS Cafeteria)☐ Cash in sealed envelope	□ Ice Cream Cup with Bottled Water